

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy  
Statement on Reverse Side

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STD 262 (REV. 10/92)

CLAIMANT'S NAME John Moffatt		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Chief Deputy Legislative Secretary		CB/ID NUMBER		DIVISION OR BUREAU	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		TELEPHONE NUMBER	
CITY	STATE	ZIP	CITY	STATE	ZIP
			Sacramento	CA	95814

MONTH YEAR 11/09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE		
										MILES	AMOUNT		
09-Nov	8:30am-8pm	Lodi - Friant - Lodi				6.26		private		311	138.40		144.66
12-Nov	8:00am-12:30pm	Lodi-Isleton- Sac						private		44	19.58		37.83
											0.00		0.00
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	6.26	0.00	0.00	0.00	0.00	396	176.22	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												1104.23	<del>\$182.48</del>

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Meeting with the Governor; staffing Governor at press events

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

vehicle sa

DATE

11/13/09

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

11/23/09

SIGNATURE

AL EXPENSES

DATE